(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

RYP Granite Strategi				
(Name	of partnership, firm or c	corporation)		
One Capital	Plaza	Concord	NH	0330
Business Address: (Stre	ei)	(Town/City)	(State)	(Zip Code)
603) 226-2600 (603) 226-2			e-maił	dgc@rypgranite.com
(Telephone)		(Fax)		
reportable expense tra	nsactions which are	not attributable to any o	ne client).	ou may file a separate repor
·	actions occurring in the	e months prior to the repor	rting date relative	to the tonowing enem.
Enbridge, Inc.	(Full Name of Client as	it appears on the Lobbyist Re	gistration Form)	
<u>OR</u>	(C C C C C C C C C C C C C C C C C C C		,	
 All reportable transa unrelated to any particu 		(including the lobbyist's f	amily), or the lob	obying firm listed below which
IV. Date of Report Reports cover: activit	April 25, 2018 []	on to 3/31/18 activit	July 25, 2018 🛚 X ctivity from 4/1/18 to 6/30/18	
	O		January 30, 201	9 🗆
а	October 31, 2018		ty from 10/1/18 to	
V. There have been If this box is checked, co	no fees received an	30/18 activi d no reportable transa	<i>ty from 10/1/18 to</i> ctions made si	12/31/18
V. There have been If this box is checked, co Concord, NH 03301.	no fees received and omplete just this form	d no reportable transa and submit it to the Secret	<i>ty from 10/1/18 to</i> ctions made si	12/31/18 nce the last report.
V. There have been If this box is checked, co Concord, NH 03301. VI. Check if additiona	no fees received and omplete just this form	d no reportable transa and submit it to the Secret	ty from 10/1/18 to ctions made si ary of State's Of	12/31/18 nce the last report. □ Tice, State House, Room 204.
V. There have been If this box is checked, co Concord, NH 03301. VI. Check if additiona If you have receive If you have paid an Expense Reimbursemer	no fees received and omplete just this form all reports are attached fees or made expended thonorarium or reimbort	d no reportable transa and submit it to the Secret d: litures, you must file Addo arsed expenses, you must t	ty from 10/1/18 to etions made si eary of State's Of endum A- Fees a file Addendum I	nce the last report. Fice, State House, Room 204, and Expenses B- Report of Honorariums or
V. There have been If this box is checked, co Concord, NH 03301. VI. Check if additiona If you have receive If you have paid an Expense Reimbursemer	no fees received and omplete just this form all reports are attached fees or made expended thonorarium or reimbort	d no reportable transa and submit it to the Secret d: litures, you must file Addo arsed expenses, you must t	ty from 10/1/18 to etions made si eary of State's Of endum A- Fees a file Addendum I	12/31/18 nce the last report. Tice, State House, Room 204, and Expenses
V. There have been If this box is checked, co Concord, NH 03301. VI. Check if additiona If you have receive If you have paid an Expense Reimbursemen If you, your firm, o	no fees received and omplete just this form all reports are attached fees or made expendent honorarium or reimbent or your family has made remation by Lobbyist SA 15-B, RSA 14-C are	d no reportable transa and submit it to the Secret d: litures, you must file Addedursed expenses, you must file political contributions, you must file Addedursed expenses and RSA 664 and hereby sy	ty from 10/1/18 to etions made si eary of State 's Of endum A – Fees a file Addendum I	nce the last report. Fice, State House, Room 204, and Expenses B- Report of Honorariums or

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) <u>David Collins/Gina Powers/Glenn Wallace/</u>	Richard Parsons/David McKillop
II. Name of lobbyist's partnership, firm or corporation, if any:	
RYP Granite Strategies LLC	
(Name of partnership, firm or corporation)	
III. Name of Client Enbridge, Inc	DateJuly 25, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$24,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$18,250.00
c) Total of all fees received to date (Add lines a and b)	c) \$ 42,250.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repeany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. he aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; and that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, s, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$24,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$0

d) Total expenses for this reporting period	d) \$	24,000.00
(Add lines a, b and c)	· 	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	18,250.00
f) Total of all expenses year to date	f) \$	40,250.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	obbying f	ees during this reporting
Paid to:	Amoun	t:
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	\$	
	\$	
•••••		
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that th	e foregoing information
is true and complete to the best of my knowledge and belief.		
	Julv	25, 2018
(Signature oblobbyist)		(Date)
David G. Collins		
(Print Name of lobbyist)		